Income Tax Organizer



SK Financial CPA LLC.

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Here is your Income Tax Organizer. It will help you organize your tax information.

This year we are required to include the driving license information for the taxpayer and his or her spouse on the tax return. So please provide us with **driving license copies** for you and your spouse (if applicable).

Please visit our website at http://www.skfinancial.com/taxes for:

- 1.Tax Organizer.
- 2. Tax Preparation Fee Calculator (Our fees have not changed from last year)
- 3. Uploading your documents
- 4. The "documents needed" list

Shams Chan_CPA

813-322-3936

Shams Khan, CPA, CFP

	TAXPAYER INFORMATION		SPOUSE INFORMATION
First Name	Initial	First Name	Initial
Last Name		Last name	
SSN	DOB	SSN	DOB
Occupation		Occupation	
T: Home	Cell	Home	Cell
Email		Email	
Address		City	State ZIP

	FILING STATUS	
☐ Single	☐ Head of Household	
☐ Married	Married Filing Separately	

DEPEN	IDENTS
Name	
DOB	SSN
Relationship	Mths. Lived @ Home
Name	
DOB	SSN
Relationship	Mths. Live @ Home

E	STIMATED	TAX PAYM	ENTS	
	FEDERAL		STATE	
	Date	Amount	Date	Amount
Overpayment				
1st Quarter				
2 nd Quarter				
3 rd Quarter				
4 th Quarter				

	REFUND	
Automatic Deposit	☐ Yes (attach a VOID check)	\square NO

	SALARIES & WAGES – Attach all W-2 forms		
W-2	Employer	Gross Wages	
1			
2			
3			
4	_		

OTHER INCOME	
	T () 0
INTEREST – Attach Forms 1099INT	Total \$
DIVIDENDS – Attach Forms 1099DIV	Total \$
CAPITAL GAINS – Attach Forms 1099B,	1099S and vear-end
brokerage statements with purchase date	•
asset.	
STATE TAX REFUND – Attach Forms 10	99G
☐ Check if you did NOT itemize last year	
ALIMONY RECEIVED	
Payor	
Payor's SSN Amo	ount
SOCIAL SECURITY BENEFITS RECEIVE	ED – Attach Forms
SSA-1099	
UNEMPLOYMENT BENEFITS RECEIVE 1099G	D – Attach Forms
PENSIONS/IRA/ANNUITY DISTRIBUTIO 1099R	NS – Attach Forms
INCOME FROM PARTNERSHIPS, ESTA TRUSTS AND S-CORPORATIONS – Atta list any not yet received.	

OTHER INCOME – Attach detailed schedules
Include royalties, jury duty fees, finder's fees, director's fees, gambling winnings, disability payments, unreported tip income and any other income (whether taxable or not).
Health Care Coverage
Did you and your dependents have health care coverage for
the entire year? Yes □ No □
Attach Forms 1095-A, 1095-B or 1095-C, if available.

WE WELCOME NEW INTRODUCTIONS

We welcome introductions to your family, friends & business associates who may need help with their taxes or financial planning.

INCOM	E FROM BUSINESS OR PROFESSION (Sch C)
General In	formation
□ Cash B	asis □ Accrual Basis □ 1st Year
Principal B	usiness/Profession
Business N	lame
Business A	\ddress
City	State ZIP
INCOME	
Gross Re	eceipts or Sales
Returns	& Allowances
Other Inc	come
COST OF	GOODS SOLD (if applicable)
Inventory	@ Beginning of the year
Purchase	es
Cost of L	abor
Materials	s & Supplies
Other Co	ests
Inventory	@ End of the Year
EXPENSE	
Advertisi	ng
Car & Tru	uck Expenses*
Commiss	sions
Employe	e Benefits
	e (other than health)
	surance Premiums for Self*
Interest	
Legal & F	Professional
Office Ex	
	s & Profit Sharing
	ehicles, Machinery & Equipment
	usiness Property
	& Maintenance
Supplies	
Taxes –	
Taxes –	
Travel	
Meals &	Entertainment*
Utilities	
Wages	
Other Ex	penses*
	tailed schedules
HOME OF	
Did you ha	ve a home office during the year? Yes \Box No \Box
	ch detailed schedule of expenses including
mortgage i	nterest (or rent), real estate taxes, utilities, property maintenance & cleaning.

RENTAL INCOME &	EXPENSES (Sc	h E)
PROPERTY	#1	#2
Location		
INCOME		
Rent Received		
EXPENSES		
Advertising		
Association Dues		
Auto & Travel		
Cleaning/Maintenance		
Insurance		
Labor		
Professional Fees		
Miscellaneous		
Mortgage Interest		
Other Interest		
Supplies		
Taxes		
Telephone		
Utilities		
Repairs		
Improvements:		
Other:		
Business Miles Driven		
Total Miles Driven		

ADJU	STMENTS TO INCOME
ALIMONY PAID	
Payee	
Payee's SSN	Amount

IRA CONTRIBUTIONS, ETC.		
IRA Deduction		
SIMPLE KEOGH/SEP Plan		
Moving Expense		Miles:
No of miles from old residence to ne workplace	W	
No of Miles from old residence to ne workplace	W	
H 000	00110	E 0400
Home Office:	SCH C	Form 2106
Total Area of home	SCHC	Form 2106
	SCHC	Form 2106
Total Area of home	SCH C	Form 2106
Total Area of home Business Area of home	SCHC	Form 2106
Total Area of home Business Area of home Mortgage Interest	SCHC	Form 2106

MEDICAL & DENTAL EXPENSES – Attach detailed schedules Prescriptions Insurance Premiums Doctors & Dentists Eyeglasses/Contacts Vehicle Information: (Sch C or Form 2106) Description of Vehicle: Date Put in Service	ITEMIZED DEDUCTIONS (Sch A)				
Insurance Premiums Doctors & Dentists Eyeglasses/Contacts Vehicle Information: (Sch C or Form 2106) Description of Vehicle:					
Doctors & Dentists Eyeglasses/Contacts Vehicle Information: (Sch C or Form 2106) Description of Vehicle:	Prescriptions				
Eyeglasses/Contacts Vehicle Information: (Sch C or Form 2106) Description of Vehicle:	Insurance Premiums				
Vehicle Information: (Sch C or Form 2106) Description of Vehicle:	Doctors & Dentists				
Description of Vehicle:	Eyeglasses/Contacts				
Description of Vehicle:					
-	Vehicle Information: (Sch C or Form 2106)				
Date Put in Service	Description of Vehicle:				
	Date Put in Service				
Total Miles	Total Miles				
Business Miles	Business Miles				

TAXES PAID		
State & Local Income Taxes		
Real Estate Taxes – Residence		
Real Estate Taxes – Other Property		
Auto License: Number of cars		
Auto license: Fees Paid		
Personal Property Taxes		
Other Taxes:		

INTEREST PAID – Attach Forms 1098
Home Mortgage (1st)
Home Mortgage (2 nd)
Home Mortgage (Equity Line)
Student Loan Interest
Other Interest:

CONTRIBUTIONS – Attach detailed schedules
By Cash or Check
Other than Cash

MISCELLANEOUS DEDUCTIONS						
Union/Professional Dues						
Investment Expense*						
Tax Return Preparation Fees						
Safe Deposit Box Rental						
Unreimbursed Employee Business Expenses Form 2106:						
Travel:		Dues:				
Dues:		Supplies:				
Licenses:		Uniform				
Entertainment:		Meals:				

MISCELLANEOUS QUESTIONS

If any of the following items pertain to you or your spouse for the year, please check the appropriate box and include all pertinent details. Yes No Did you have any interest in, or signature or other authority over a bank, securities, other financial account or trust in a foreign country at any time during the year? Do you own any foreign assets or have **foreign income**, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details. Did you receive an inheritance from a foreign country or a distribution from a foreign trust? Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year? Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older? Did any of your children under age 19 or full-time students under age 24 have interest and dividend income of \$950 or more or total investment income of \$1,900 or more? Do you have a health savings account (HSA) or a medical savings account (MSA)? Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Provide details. Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? 10. Did you have expenses for a household employee? 11. \square Did you incur employment agency fees or job hunting expenses? 12. Did you have any education expense or student loan interest? 13. Did you incur **moving expenses** during the year due to a change of employment? 14. Did you have any debts, including mortgages, cancelled or forgiven or did you sell or abandon property? 15. Does anyone owe you money that has become uncollectible? 16. \square We need copy of voided check for direct deposit or Routing # & Acc# Did you acquire or dispose of any assets (including real estate) during the year? 18. Did you purchase, sell or refinance your principal home or second home, or obtain a home equity loan? 19. l Did you make **any energy-efficient improvements** or purchases for your home? 20. Did you incur a **casualty loss** because of damaged or stolen property? Did you make any gifts either outright or in trust? 22. Did you receive any **distribution from an IRA** or other qualified plan? (Form 1099R) 23. If yes, was this rolled over? (Form 1099R) 24. Did you open a Roth IRA account or convert an IRA into a Roth IRA? 25. <u>[</u> Were you or your spouse the beneficiary of COBRA premium assistance? 26. Were you granted or did you exercise any stock options? 27. Do you want to pay your tax preparation fees from your tax refund?